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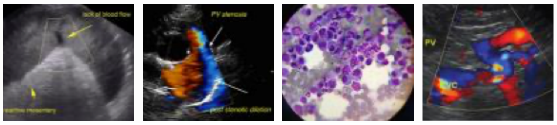

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Baler Wells

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

16 years

**WEIGHT**

7 lbs

**INTERPRETED BY**

Jessica Midence, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Faithful Friends AC

**REFERRING VET**

Dr Stender

**INVOICE**

12835

**DATE**

4.21.23

## PRESENTING CLINICAL SIGNS

History: Weight loss. polydipsia. acts like wants to eat but won't, painful on oral exam, mostly very superficial patchy irregular ulceration caudal commissures mouth but 1 deep on right side, about 4mm diam. 7% dehydrated. History of intermittent URTI past 1-2years but well right now Current Medications buprenorphine for pain Primary Question/Differential to Be Answered in This Exam liver evaluation/exploratory

Abnormal PE/Chem/CBC/UA Results: ALT 355, alkp 136

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is moderately distended with anechoic urine that contains a large amount of suspended echogenic consistent with lipid droplets commonly seen in cats. The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. No masses, inflammatory changes or calculi are observed.

The left kidney is on the smaller side (3.38 cm) with an irregular shape and peripheral contours. There is significant decreased corticomedullary distinction and a mildly hyperechoic echogenicity to the renal parenchyma. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.48 cm) with an irregular shape and peripheral contours. There is significant decreased corticomedullary distinction and a mildly hyperechoic echogenicity to the renal parenchyma. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.43 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.48 cm) with a normal shape and is normal in appearance and echogenicity. There is a single hyperechoic mineral focus, which can be a normal aging change in cats.

### *Spleen*

The splenic echotexture is mildly mottled with parenchyma hyperechoic to liver and isoechoic to the renal cortical parenchyma. The capsule is a bit irregular and undulates, but overall, the spleen measures normal in thickness at just under 1.00 cm. The splenic vasculature is normal without signs of congestion or thrombosis.

### *Liver*

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears coarse and mildly hypoechoic with prominent portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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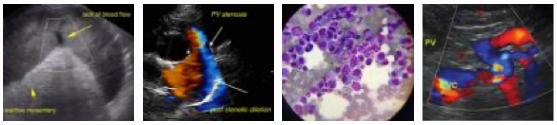

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***Gastrointestinal Tract***

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.24 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum measure thick. The duodenum measures thick (0.27 cm) with slight blurring of layers and a hyperechoic mucosa. The muscularis is subjectively thickened and the duodenum is corrugated. The remainder of the small intestines also measures mostly thick (0.35 cm at the thickest) with distinct wall layering and a thickened muscularis. The lumen of the small intestines was empty and there was corrugation of some loops of small intestine. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness. The ileocecocolic lymph node were prominent and hypoechoic with surrounding hyperechoic fat.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

***Pancreas***

The left pancreas is enlarged, elongated and is hypoechoic with mildly hyperechoic surrounding fat.

***Peritoneum***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The ileocecocolic lymph nodes were mildly enlarged and hypoechoic with surrounding hyperechoic tissue.

## ULTRASONOGRAPHIC FINDINGS

***Primary Findings***

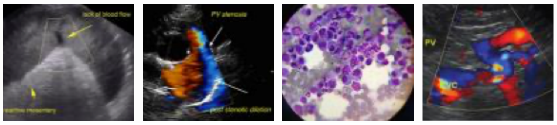
- Chronic enteropathy with reactive lymphadenopathy
- Chronic degenerative renal changes
- Pancreatitis
- Mottled spleen with undulating capsule

***Secondary Findings***

- Mildly hypoechoic liver.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the small intestine support a chronic enteropathy. The muscularis layer is thickened, and there is corrugation of several loops of intestines, as well as reactive ileocecocolic lymph nodes. Also, there is acute pancreatitis, which along with a mildly hypoechoic liver, would support inflammatory disease of the liver, pancreas and intestinal tract. Small cell lymphoma cannot be excluded based on sonography alone, and could look similar sonographically, and therefore is another differential. Consider a GI panel and gastric protectants (e.g., anti-nausea medications, appetite stimulants, etc.) for acute supportive care. Intestinal biopsies could be considered (e.g., endoscopic vs surgical) for definitive diagnosis. Alternatively, empirical steroids would be another option.





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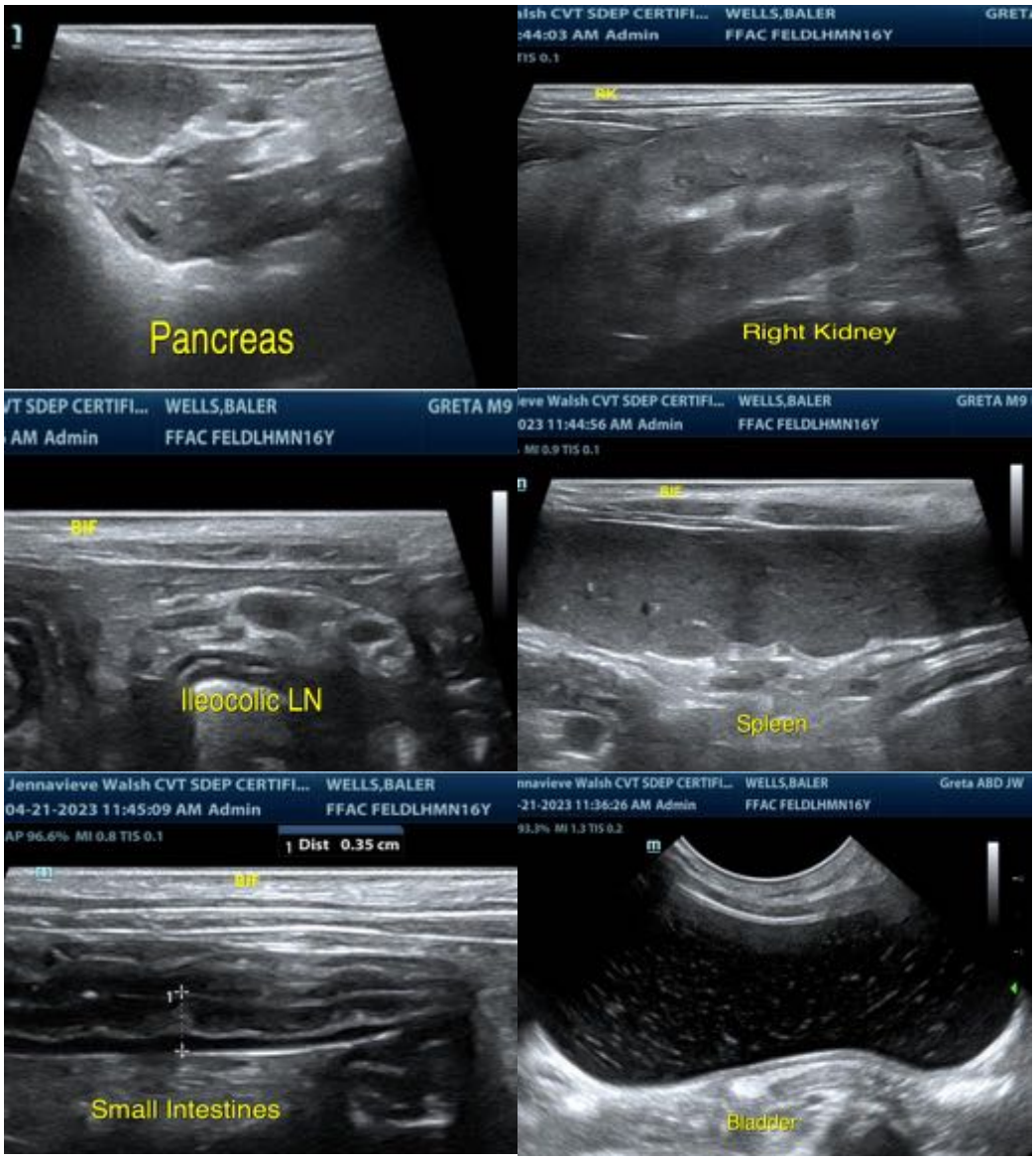
The changes to the kidneys are significant, as the kidneys are very irregular and there is significant loss of corticomedullary distinction. Continue to monitor renal values and urinalysis to watch for emerging azotemia and loss or renal function.

The spleen is mildly mottled, and the splenic capsule undulates. This could be consistent with more benign processes such as reactive lymphoid hyperplasia or extramedullary hematopoiesis. An infiltrative disease such as neoplasia or infectious disease (e.g., toxoplasmosis) cannot be ruled out based on sonography alone. FNA could be considered to evaluate further (though correlate with clinical signs and lab-work changes).



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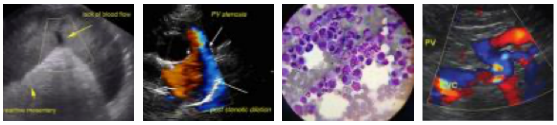

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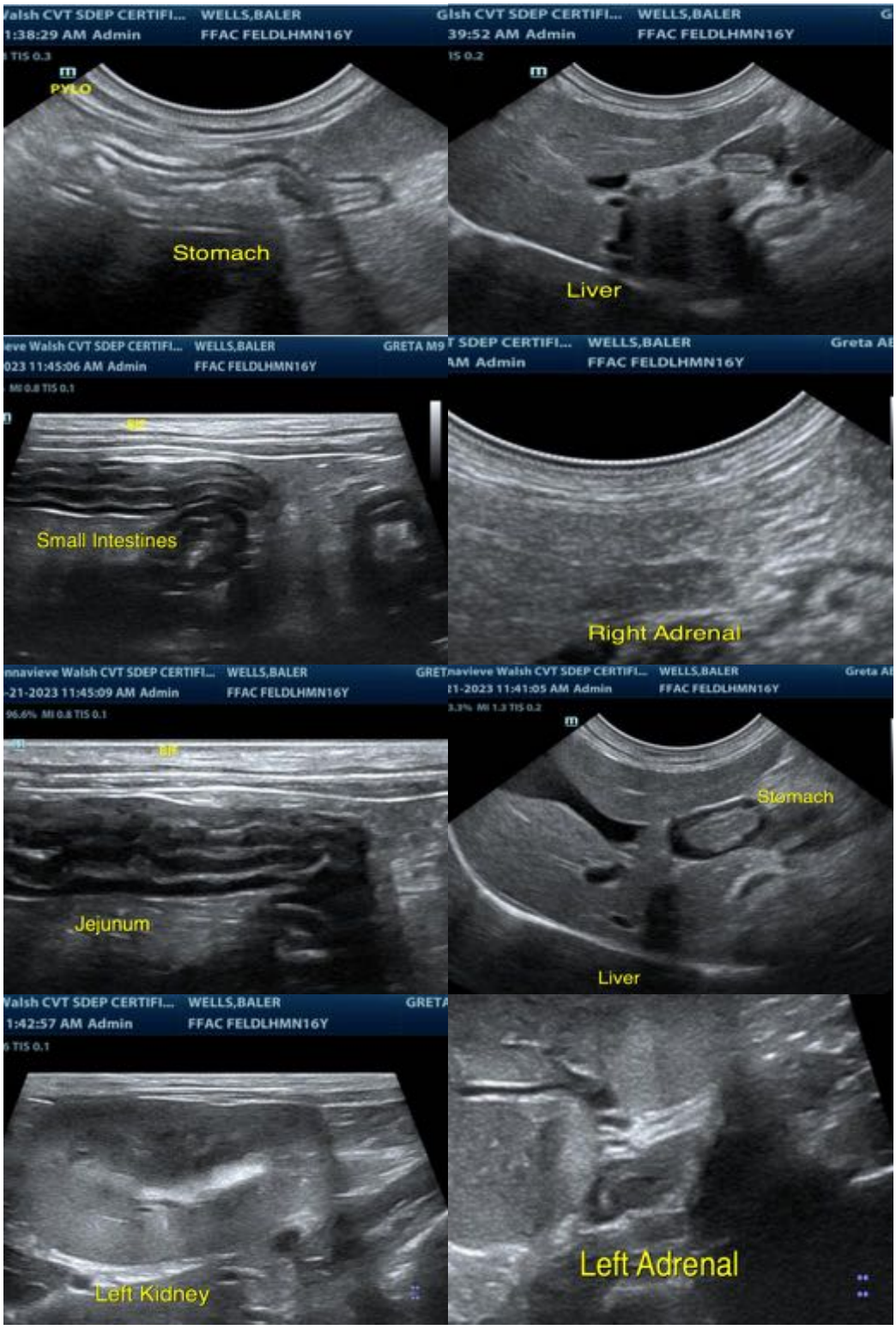

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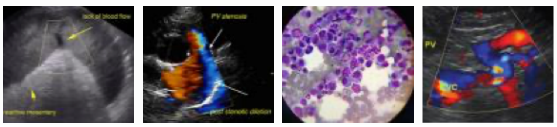

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com